

Dr. Lurie
MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027900

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2,000 Registrar's No. 1159-A

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10397

2 81502

3

4 1

5 0

6

7 1

8 1

9 9

10 0

11

12 4-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED JUL 29 1963

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY CHEROKEE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		c. CITY OR TOWN BAXTER SPRINGS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		d. STREET ADDRESS (If outside, give location) 505 LINCOLN	

3. NAME OF DECEASED (Type or print) First Middle Last CAROL KAY BYLER		4. DATE OF DEATH Month Day Year JULY 18 1963	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-22-45
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		11. BIRTHPLACE (City and state or country) Baxter Springs, Kan.	
13a. FATHER'S NAME CARREL BYLER		13b. MOTHER'S MAIDEN NAME WAUNITA HEAVIN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT CARREL BYLER, BAXTER SPRINGS, KAN.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Adrenal Insufficiency DUE TO (b) Pericarditis DUE TO (c) ? Acute Viremia		INTERVAL BETWEEN ONSET AND DEATH 10 hours Several days 10-14 days
--	--	--

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ? Viral gastroenteritis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
--	--	--

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year 5:35 a.m. 7/12/63		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 7/12/63 to 7/18/63 and last saw her alive on 7/18/63 Death occurred at 6:35 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) Harold H. Lurie, M.D.	22b. ADDRESS 600 S. Glenstone Springfield, Mo.	22c. DATE SIGNED 7/22/63
---	---	-----------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7-23-63	23c. NAME OF CEMETERY OR CREMATORY LOWELL CEMETERY	23d. LOCATION (City, town, or county) LOWELL, KANSAS
---	----------------------	---	---

24. FUNERAL DIRECTOR H.H. LOHMEYER FUNERAL HOME SPRINGFIELD, MO.	25. DATE RECD. BY LOCAL REG. 7-23-63	26. REGISTRAR'S SIGNATURE Effie H. Melton
--	---	--

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

7/18/63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer, No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William T. Shradley

Licensed Embalmer No. 4815

P. O. Address Spring Hill, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.